

Pre-Elementary Education Longitudinal Study



Kindergarten Teacher Questionnaire



friends



PEELS

learn



*"because all children should count...
read, learn, grow, and have friends..."*

grow

Funded by the US Department of Education,
Office of Special Education Programs

Pre-Elementary Education Longitudinal Study

Kindergarten Teacher Questionnaire

Dear Teacher:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS.

The study will follow the children as they move through kindergarten and into the early elementary school years. This questionnaire is the only source of information about the kindergarten programs and experiences for this child. Because of this, your opinions are vitally important.

Please complete this questionnaire and return it in the postage-paid envelope within 3 weeks. Answer all questions to the best of your knowledge and use your best guess when answering questions for which you are not quite sure of the answer. However, try as best you can to avoid responses that represent complete guesses. If necessary, please consult with colleagues in answering questions. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school. We have enclosed \$10 as a token of our appreciation.

Before beginning this questionnaire, you may want to gather the following information so that you will be able to complete the questionnaire more quickly:

- The school file for the child whose name is on the label, including, if applicable, the most recent Individualized Education Program (IEP);
- Attendance records for this child during October of this school year; and
- Child’s previous school records.

If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to questions@peels.org, or visit the PEELS web site at www.peels.org.

Thank you so much for your contribution to this very important study.

Sincerely,



Elaine Carlson
Project Director, PEELS

Questionnaire?

Call the PEELS
toll-free hot line:
1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0656. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** US Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Special Education Programs, US Department of Education, Switzer Building, Room 4622, 330 C Street, SW, Washington, D.C. 20202-4651.

Who should complete this questionnaire?

This questionnaire should be completed by the **teacher or service provider** who **knows the child whose name appears on the label above** and can describe the kindergarten program or special education and related services for this child.

- Can you tell us about the child whose name appears on the label?

1

☐

Yes

2

☐

No
- Can you tell us about this child’s kindergarten program?

1

☐

Yes

2

☐

No
- Can you tell us about special services this child receives (e.g., speech therapy)?

1

☐

Yes

2

☐

No

If you answered NO to **ALL** three questions:
DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS THE QUESTIONNAIRE ON TO THE PERSON WHO IS BEST ABLE TO DESCRIBE THIS CHILD’S KINDERGARTEN PROGRAM OR SPECIAL SERVICES.

If you answered YES to **ANY** of the three questions:
PLEASE PROCEED TO SECTION A →

notes:

- If the child does not attend a kindergarten class but receives services, interpret references to the child’s class to mean the service setting.
- Any question referring to IEPs (Individualized Education Programs for a child with a disability) is meant to refer also to IFSPs (Individualized Family Service Plans for a child with a disability) in states using the latter for children ages 3 through 5.

Section A:

KINDERGARTEN PROGRAM AND CHILD PROGRESS

REMINDER: "This child" refers to the child whose name appears on the label.

A1. What is the current grade level placement of this child? PLEASE ✓CHECK ONE.

- 1 ☐ Kindergarten
2 ☐ Ungraded
3 ☐ Other (Specify: _____)

A2. Approximately how much school time per week does this child currently spend in the following settings? PLEASE INDICATE EITHER MINUTES OR HOURS PER WEEK.

	Number of minutes/week	OR	Number of hours/week
a. Regular education classroom	<input type="text"/>		<input type="text"/>
b. Special education setting	<input type="text"/>		<input type="text"/>
c. Therapy/special service setting (office, small room, etc.)	<input type="text"/>		<input type="text"/>
d. Setting outside of the classroom for other remediation or assistance (e.g. Title I, English as a second language [ESL])	<input type="text"/>		<input type="text"/>
e. Home instruction	<input type="text"/>		<input type="text"/>

A3. Which of the settings below is considered to be this child's **main** education setting? PLEASE ✓CHECK ONE.

- 01 ☐ Regular education classroom
02 ☐ Special education setting
03 ☐ Home
04 ☐ Other (Specify:_____)

A4. In what capacity (or capacities) are you involved with this child? PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. Provide instruction directly to this child
02 ☐ b. Provide related services directly to this child
03 ☐ c. Provide consultation to this child's teacher(s)
04 ☐ d. Provide case management (e.g., program monitoring) for this child
05 ☐ e. Program administrator/supervisor
06 ☐ f. Supervise instructional assistant assigned to work with this child
07 ☐ g. Other (Specify: _____)

A5. What is your **main** role in this school? PLEASE ✓CHECK ONE.

- 1 ☐ Regular education classroom teacher
2 ☐ Special education teacher
3 ☐ Related service provider (Specify: _____)
4 ☐ Other (Specify: _____)

A6. How many years have you been teaching or working in your current professional capacity?

Number of years

A7. What are the total numbers of children with IEPs and without IEPs enrolled in this child's **main** class? PLEASE ENTER **ONE** NUMBER ON EACH LINE. IF THE CHILD IS ENROLLED IN MORE THAN ONE CLASS, PLEASE RESPOND FOR THE CLASS IN WHICH THE CHILD SPENDS THE MOST TIME.

Number of children with IEPs in child's class

Number of children without IEPs in child's class

} If "0," go to
Question A9

A8. Among the children **without** IEPs in this child's main classroom, how many are currently under formal review for special education services? PLEASE ENTER **ONE** NUMBER.

Number of children under formal review

A9. Approximately how many TOTAL hours per week does this child spend in **your** classroom or instructional setting?

Number of hours per week

A10. How many of the following people are usually in the room during the majority of this child’s time in **your** classroom?

PLEASE ENTER **ONE** NUMBER ON EACH LINE. ENTER "0" IF NONE.

	Number of people
a. Kindergarten teachers (not special education)	
b. Special education teachers	
c. One-to-one assistants or aides assigned to this child	
d. One-to-one assistants or aides assigned to any other child in this child’s class	
e. Kindergarten aides	
f. Special education aides	
g. Other specialists or therapists	
h. Nurse or other medical personnel	
i. Adult volunteers	
j. Other	

A11. Does this child participate in the following? PLEASE **✓**CHECK **ONE** IN EACH ROW.

	Yes	No	Don't know
a. Program for gifted and talented students	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Title I	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Bilingual education or instruction for English language learners (ELL) (e.g., ESL or limited English proficient [LEP])	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Program for children with behavioral or emotional problems	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Free/reduced-price lunch program	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

A12. Which of the following best describes the curriculum materials for this child?

PLEASE **✓**CHECK **ONE**.

- 1 ☐ Regular education grade-level curriculum materials are used without modification
- 2 ☐ Some modifications in regular education curriculum materials have been made
- 3 ☐ Substantial modifications in regular curriculum materials have been made
- 4 ☐ Specialized curriculum or materials are used

A13. What percentage of the day does this child spend in the following activities?

THE PERCENTAGES YOU PROVIDE SHOULD TOTAL 100%. PLEASE EXCLUDE TIME FOR LUNCH AND RECESS IN CALCULATING PERCENTAGES.

a. Instructional or therapy services outside the classroom		%
b. Adult-directed whole class activities		%
c. Adult-directed small group activities		%
d. Adult-directed individual activities		%
e. Child-selected activities		%
f. Other (Specify: _____)		%

A14. Which of the following teaching practices and methods are used with this child on a regular basis? PLEASE ✓CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. One-on-one instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Small-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Large-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Cooperative learning	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Peer tutoring	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. Computer-based instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Direct instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Cognitive strategies	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Self-management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Behavior management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Discrete trial training	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

A15. What kinds of activities and materials are routinely available to this child in your classroom or program? PLEASE ✓CHECK ALL THAT APPLY.

	Activity code
a. Arts and crafts projects and materials, clay, or playdough	01 <input type="radio"/>
b. Blocks, Legos, K'nex, other building toys	02 <input type="radio"/>
c. Sand and water play	03 <input type="radio"/>
d. Playhouse, toy kitchen, dishes, plastic food	04 <input type="radio"/>
e. Dress-up, costumes, puppets, theater props	05 <input type="radio"/>
f. Children's books and magazines	06 <input type="radio"/>
g. Sensory table (e.g., cornmeal, beans, and other tactile materials)	07 <input type="radio"/>

continued >

	Activity code
h. Paper, coloring books, crayons, pencils, pens	08 <input type="radio"/>
i. Playground equipment (e.g., climbing structure, swings, trikes or bikes, digging tools)	09 <input type="radio"/>
j. Balls (of various sizes), Nerf-style toys, sports equipment	10 <input type="radio"/>
k. Computer and software	11 <input type="radio"/>
l. Video games	12 <input type="radio"/>
m. Board games	13 <input type="radio"/>
n. Toys: vehicles and work machines (e.g., cars, trains, trucks, backhoe loaders)	14 <input type="radio"/>
o. Toys: tools (e.g., hammer, stethoscope, cash register, cell phone)	15 <input type="radio"/>
p. Dolls and stuffed animals	16 <input type="radio"/>
q. Commercial toys (e.g., action figures, Barbie)	17 <input type="radio"/>
r. Commercial educational toys (e.g., light-bright, puzzles, sorting cups, bead stringing)	18 <input type="radio"/>
s. Musical instruments	19 <input type="radio"/>
t. Tape or CD player with tapes and CDs	20 <input type="radio"/>
u. Nap/rest time	21 <input type="radio"/>
v. Breakfast	22 <input type="radio"/>
w. Lunch/snack	23 <input type="radio"/>
x. Hot lunch	24 <input type="radio"/>
y. Commercial television/videotapes	25 <input type="radio"/>
z. Educational television/videotapes	26 <input type="radio"/>
aa. Flashcards	27 <input type="radio"/>
bb.Counting and number materials	28 <input type="radio"/>
cc. Alphabet and language materials	29 <input type="radio"/>

A16. Of the items specified earlier, what three activities or materials does **this child** engage in most often in your classroom or program? **Do not include meals or naps.** USE THE ACTIVITY CODE THAT CORRESPONDS WITH THE ACTIVITY FROM A15.

	Activity code from list
a. Most frequent activity	<input type="text"/>
b. Second most frequent activity	<input type="text"/>
c. Third most frequent activity	<input type="text"/>

A17. The following are statements commonly associated with various educational philosophies. Which three statements best describe your approach to working with this child?

- Write the number **1** next to the most important approach.
- Write the number **2** next to the second most important approach.
- Write the number **3** next to the third most important approach.

	Rank 1, 2, 3 Use each number only once.
a. We assume that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.	<input type="text"/>
b. We believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.	<input type="text"/>
c. We emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.	<input type="text"/>
d. We combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.	<input type="text"/>
e. We emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.	<input type="text"/>
f. We focus on a child's medical diagnosis and concentrate on therapeutic interventions.	<input type="text"/>
g. We recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.	<input type="text"/>
h. Other (Specify: _____)	<input type="text"/>

A18. Overall, how would you rate this child's academic skills compared to typical children of the same grade level? PLEASE ☒ CHECK ONE.

- 1 ☐ Far below average
- 2 ☐ Below average
- 3 ☐ Average
- 4 ☐ Above average
- 5 ☐ Far above average

A19. During play time, how does this child compare with other children in the class in terms of physical activity? PLEASE ☒ CHECK ONE.

- 1 ☐ A lot less active than most
- 2 ☐ A little less active than most
- 3 ☐ About the same as most
- 4 ☐ A little more active than most
- 5 ☐ A lot more active than most

A20. Compared to his/her classmates, how many friends does this child have in your classroom? PLEASE ☒ CHECK ONE.

- 1 ☐ Far fewer than most
- 2 ☐ Fewer than most
- 3 ☐ As many as most
- 4 ☐ More than most
- 5 ☐ Far more than most

A21. Overall, how appropriate do you think this child's placement is in your classroom? PLEASE ☒ CHECK ONE.

- 1 ☐ Very appropriate
- 2 ☐ Somewhat appropriate
- 3 ☐ Not very appropriate
- 4 ☐ Not at all appropriate
- 8 ☐ Don't know

Please rate the child on each of the items on A22 and A23. Ratings should be based on your observations of this child's behavior **during the past 3 months**. The rating points after each item appear in the following format:

- ## A22. Social Skills Scale
- PLEASE ✓ CHECK ONE IN EACH ROW.

	Never	Rarely	Sometimes	Often
1. How often do you feel nervous or shy when you are in a group?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2. How often do you feel nervous or shy when you are in a new situation?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3. How often do you feel nervous or shy when you are in a new group?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4. How often do you feel nervous or shy when you are in a new place?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

	Never	Rarely	Sometimes	Often
1. How often do you feel nervous or shy when you are in a group?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2. How often do you feel nervous or shy when you are in a new situation?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3. How often do you feel nervous or shy when you are in a social situation?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

A23. Problem Behavior Scale
PLEASE ✓ CHECK ONE IN EACH ROW.

	Never	Rarely	Sometimes	Often
I am able to focus on my work when I am stressed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I am able to complete my work when I am stressed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I am able to stay on task when I am stressed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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The Vineland Motor Skills checklist is divided into two domains: (1) gross motor and (2) fine motor. After reading the item, decide whether or not you have actually observed situations in which the child performed the activity. If you have observed the child in the situation, then select a rating from one of the *OBSERVED* performance columns. If you haven't, or if you are unsure, then select a rating from one of the *ESTIMATED* performance columns. Please note that there is no penalty for selecting the *Estimated* performance columns over the *Observed* performance columns.

Items with multiple activities (e.g., screws and unscrews jar lids; marks with pencil, crayon, or chalk) require special attention. Items with AND require that both activities be performed by the child. Items with OR require only one of the activities be performed by the child.

Check *SOMETIMES OR PARTIALLY* if the activity is in an emergent or transitional state, if the activity is only sometimes performed with complete success, or if only part of the activity is performed with complete success.

Please be sure to check one circle in each row. Leaving a row blank will invalidate the child's score.

PLEASE ✓ ONE IN EACH ROW.

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THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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continued >

A25. Fine Motor
PLEASE ✓ ONE IN EACH ROW.

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Vineland Adaptive Behavior Scales Classroom Edition Questionnaire, Motor Skills Domain by Sara Sparrow, David Balla, and Domenic Cicchetti © 1985 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

continued >

ACADEMIC RATING SCALE

Directions: The Academic Rating Scale is separated into two areas: (1) language and literacy and (2) mathematical thinking. You are asked to rate this child’s skills, knowledge, and behaviors within each of these areas based on your experience with this child. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate similar skills and behaviors. **The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do.**

The following **five-point** scale is used for each of the questions. It reflects the degree to which a child has acquired/chooses to demonstrate the targeted skills, knowledge, and behaviors.

- 1

=

Not yet

Child has ***not yet*** demonstrated skill, knowledge, or behavior.
- 2

=

Beginning

Child is ***just beginning*** to demonstrate skill, knowledge, or behavior and may do so very inconsistently.
- 3

=

In progress

Child demonstrates skill, knowledge, or behavior ***with some regularity*** but varies in level of competence.
- 4

=

Intermediate

Child demonstrates skill, knowledge, or behavior ***with increasing regularity and average competence*** but is not completely proficient.
- 5

=

Proficient

Child demonstrates skill, knowledge, or behavior ***competently and consistently***.
- N/A

=

Not applicable

Skill, knowledge, or behavior has ***not been introduced*** in classroom setting.

Rate only the child’s **current** achievement or motivation. Rate this child compared to other children of the same age level. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child using the numbers **1 through 5**. Check “NA” only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

Children with limited English proficiency (LEP) (e.g., ESL, ELL): Please answer the questions based on your knowledge of this child’s skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child’s native language in mind.

Children with special needs: It may be necessary to consider adaptations for some questions to make them more inclusive for this child’s skills/use of adaptive equipment. Some children may utilize alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation). Please answer the questions with these adaptations in mind.

A26. Language and literacy
PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Inter-mediate	Proficient	Not applicable
a. Uses complex sentence structures (e.g., says “If she had brought her umbrella, she wouldn’t have gotten wet,” or “Yesterday it was raining cats and dogs,” or “Why can’t we go on the field trip at the same time as the first grade?”).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Understands and interprets a story or other text read to him/her (e.g., retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to his/her own life).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Easily and quickly names all upper- and lowercase letters of the alphabet.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Produces rhyming words (e.g., says a word that rhymes with “chip,” “shop,” drink,” or “light”).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Reads simple books independently (e.g., reads books with a repetitive language pattern).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Uses different strategies to read unfamiliar words (e.g., examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Composes simple stories (e.g., by writing about a personal experience in a journal).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
h. Demonstrates an understanding of some of the conventions of print (e.g., by using both upper- and lowercase letters when writing, or putting spaces between words, or using a period at the end of a sentence).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
i. Uses the computer for a variety of purposes (e.g., by drawing a picture, or counting objects, or typing numbers, letters, or words).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A27. Mathematical thinking
PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Inter-mediate	Proficient	Not applicable
a. Sorts, classifies, and compares math materials by various rules and attributes (e.g., creating a rule for sorting keys, such as “keys with numbers” in one pile and “keys without numbers” in another pile, or sorting shapes by several attributes such as “large plastic shapes” and “small wooden shapes”).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Orders a group of objects (e.g., by ordering rods or sticks by length, or arranging paints from lightest to darkest, or musical instruments from softest to loudest).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Shows an understanding of the relationship between quantities (e.g., knowing that a group of 10 small stones is the same quantity as a group of 10 larger blocks).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Solves problems involving numbers using concrete objects (e.g., “Vera has six blocks, George has three, how many blocks are there in all?” or “How many do I need to give George so he will have the same number of blocks as Vera?”).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Demonstrates an understanding of graphing activities (e.g., by looking at a picture graph on favorite ice-cream flavors and knowing which flavor is the most popular and which one is the best).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Uses instruments accurately for measuring (e.g., by using a balance scale to compare the weight of two objects, or using tablespoons and teaspoons during a cooking project, or using a measuring tape to measure the length of different objects).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Uses a variety of strategies to solve math problems (e.g., using manipulative materials, looking for a pattern, or acting out a problem).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A28. Which of the following methods do you commonly use to assess how well this child is doing in your class? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 ☐ a. Impressions based on experience with child and written notes about specific events
- 02 ☐ b. Direct observation with general anecdotal notes
- 03 ☐ c. Direct observation with checklist of skills
- 04 ☐ d. Direct assessment or testing
- 05 ☐ e. Video/audio recording
- 06 ☐ f. Portfolios of children’s work samples
- 07 ☐ g. Other (Specify: _____)
- 08 ☐ h. Child progress is not formally monitored
- 98 ☐ i. Not sure

A29. Other than at IEP meetings, how do you and other staff come together to discuss and plan progress and programs for the children with IEPs in your class?
PLEASE ✓ CHECK ALL THAT APPLY.

- 01 ☐ a. Staff communicate on an as-needed basis.
- 02 ☐ b. We hold regular weekly meetings.
- 03 ☐ c. We hold regular biweekly meetings.
- 04 ☐ d. We hold regular monthly meetings.
- 05 ☐ e. We provide release time or change program hours so that both special education and regular education teachers can attend regularly.
- 06 ☐ f. We hold common inservice meetings and training sessions for regular education and special education staff.
- 07 ☐ g. Other (Specify: _____)

A30. How do you communicate with the parents or guardians of this child?
PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. I give parents regular written progress reports.
- 02 ☐ b. I regularly give parents report cards for this child.
- 03 ☐ c. I call them on the phone, send email, or send notes home.
- 04 ☐ d. I speak with parents before or after school when this child is being dropped off or picked up.
- 05 ☐ e. We have regularly scheduled parent-teacher meetings.
- 06 ☐ f. We share a daily or weekly journal for this child.
- 07 ☐ g. There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- 08 ☐ h. Parents have access to the school’s web site with information specifically for parents.

A31. During this school year, approximately how often have you and **this child’s** parents or guardians communicated (by phone, in person, or in writing) about his/her progress, excluding routine progress reports or report cards? PLEASE ✓CHECK ONE.

- 1 ☐ At least once a week
- 2 ☐ A few times a month
- 3 ☐ About once a month
- 4 ☐ Less than once a month
- 5 ☐ Never

A32. How involved is this child’s parent or guardian in his/her school experiences (e.g., monitoring homework or child’s progress in school)? PLEASE ✓CHECK ONE.

- 1 ☐ Not at all involved
- 2 ☐ Not very involved
- 3 ☐ Fairly involved
- 4 ☐ Very involved
- 8 ☐ Don’t know

A33. During October of this school year, how many days was this child absent?
PLEASE ENTER THE NUMBER OF DAYS.

Number of days absent

A34. How many of these were unexcused absences?
PLEASE ENTER THE NUMBER OF DAYS.

Number of unexcused absences

A35. Where was this child enrolled in an early childhood or kindergarten program, or receiving services 1 year ago? PLEASE ✓CHECK ONE.

- 1 ☐ Exact same school and class as now
 - 2 ☐ Same school but different kindergarten classroom
 - 3 ☐ Not sure, don’t know where child was
 - 4 ☐ Preschool class in same school
 - 5 ☐ Some other program or at home
- } Go to Question A40

} Continue with Question A36

A36. To what extent were you involved in planning this child’s transition **into** your class or program? PLEASE ✓CHECK ONE.

- 1 ☐ Not at all
- 2 ☐ Somewhat
- 3 ☐ Extensively
- 4 ☐ Not applicable—transition planning not done

A37. Which of the following strategies were used **before** the child started in your program in order to support this child's transition **into** your school, program, or classroom?
PLEASE ✓CHECK ONE IN EACH ROW.

	Yes	No	Don't know	Not applicable
a. We received the child's previous records.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
b. The sending program provided information about this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
c. Someone from your program provided parents with written information about your program.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
d. Someone from your program called the child's parents.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
e. The parents or guardians of this child were encouraged to meet the staff before the child entered the school or program.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
f. This child and family visited your classroom or school.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
g. Someone from your program visited the child's home.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
h. Someone from your program visited the child's previous setting.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
i. Someone from your program met with staff of the sending program specifically about this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
j. Someone from your program participated in IEP development for this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
k. Your staff developed preparatory strategies specifically for this child (e.g., behavior plans, school scheduling modifications, etc.).	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>
l. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>	0 <input type="radio"/>

A38. How adequate were the planning and support that were provided to this child and his/her family during the transition into your class or program?
PLEASE ✓CHECK ONE.

- 1 ☐ Extremely adequate
- 2 ☐ Somewhat adequate
- 3 ☐ Not very adequate
- 4 ☐ Transition planning and support were not needed for this child or family
- 8 ☐ Don't know

A39. How easy was it for this child to make the transition into your class or program?
PLEASE ✓CHECK ONE.

- 1 ☐ Very easy
- 2 ☐ Somewhat easy
- 3 ☐ Somewhat difficult
- 4 ☐ Very difficult

A40. Did this child have an IEP or IFSP during the year **prior** to this school year?
PLEASE ✓CHECK ONE.

- 1 ☐ Yes → Continue with Question A41
- 2 ☐ No
- 8 ☐ Don't know } Go to Question A43

A41. To what extent did you communicate with the person(s) who provided early childhood special education for this child last year? PLEASE ✓CHECK ONE.

- 1 ☐ Not at all
- 2 ☐ Somewhat
- 3 ☐ Extensively

A42. Did you review this child's records related to early intervention, special education, or other special services before this child enrolled in your school or program?
PLEASE ✓CHECK ONE.

- 1 ☐ Yes, in detail.
- 2 ☐ Yes, briefly.
- 3 ☐ No, I don't have access to the records.
- 4 ☐ No, I have access to the records, but have not reviewed them.

- A43.** Does this child **currently** have either an IEP or a 504 plan for children with disabilities? PLEASE ✓CHECK ONE.
- 1

☐

Yes, this child has an IEP for special education services.
- 2

☐
- Yes, this child has a 504 plan. ➔ Go to Question A45
- 3

☐
- No, this child does not have an IEP or 504 plan. ➔ Go to Question A50
- 8

☐
- Don't know. ➔ Go to Question A45

- A44.** How are this child's IEP goals and objectives addressed in the regular education classroom? PLEASE ✓CHECK THE ONE THAT BEST DESCRIBES HOW GOALS AND OBJECTIVES ARE ADDRESSED.
- 01

☐

Not applicable—the child is not in a regular education classroom.
- 02

☐

Not applicable—this child's IEP goals are not addressed in the regular education classroom; they are addressed elsewhere.
- 03

☐

The special education teacher or aide works individually with the child on special tasks.
- 04

☐

The regular education teacher or aide works individually with the child on special tasks.
- 05

☐

Related services personnel work individually with the child on special tasks.
- 06

☐

Related services personnel work with the child in group activities.
- 07

☐

The goals and objectives are embedded in common classroom activities.

- A45.** How would you characterize the way children with and without disabilities are brought together in this child's class or program? PLEASE ✓CHECK ONE.
- 00

☐

Not applicable—we do not currently have children without disabilities enrolled in this class or program.
- 01

☐

Children with and without disabilities are not in contact with one another.
- 02

☐

Classes for children with and without disabilities share common space only (e.g., playground/lunch room).
- 03

☐

Children without disabilities spend part of the day in the classroom for children with disabilities.
- 04

☐

Children with disabilities spend part of the day in a classroom for children without disabilities.
- 05

☐

Children with disabilities spend the entire day in a classroom for children primarily without disabilities.
- 06

☐

Other (Specify: _____)
- 08

☐

Not sure; don't know.

- A46.** Overall, how adequate are the supports that are provided to **this child** because of his/her disabilities? PLEASE ✓CHECK ONE.
- 1

☐

Very adequate
- 2

☐

Somewhat adequate
- 3

☐

Not very adequate
- 4

☐

Not at all adequate
- 8

☐

Don't know
- 0

☐

No support is needed

- A47.** Does your program support social interaction between this child and children without disabilities? PLEASE ✓CHECK ONE.
- 1

☐

Yes. ➔ Continue with Question A48
- 2

☐

Not applicable—we do not currently have children without disabilities enrolled in this class or program.
- 3

☐

Not applicable—this child does not have contact with children without disabilities during our program.
- 4

☐

Not applicable—no support is needed.
- 5

☐

No.
- Go to Question A49

- A48.** Does your program use any of the following methods to support social interaction between this child and children without disabilities?
PLEASE ✓CHECK ONE IN EACH ROW.

	Yes	No
a. We present a specific disability awareness program during group times.	1 <input type="radio"/>	2 <input type="radio"/>
b. We assign children without disabilities to be “helpers” or “buddies” to this child.	1 <input type="radio"/>	2 <input type="radio"/>
c. We prompt and reinforce this child for initiating and maintaining interactions with children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
d. We prompt and reinforce the children without disabilities for initiating and maintaining interactions with this child.	1 <input type="radio"/>	2 <input type="radio"/>
e. We structure play and task situations so that they require interaction between this child and children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
f. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>

A49. Overall, how adequate are the supports and resources that are provided to you for this child because of his/her disabilities? PLEASE ✓ CHECK ONE.

- 1 ☐ Very adequate
- 2 ☐ Somewhat adequate
- 3 ☐ Not very adequate
- 4 ☐ Not at all adequate
- 8 ☐ Don't know
- 0 ☐ No support is needed

A50. To the best of your knowledge, what school and grade level do you anticipate this child will be in next year? PLEASE ✓ CHECK ONE.

	Kindergarten	First grade	Other
a. Same school as this year	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)
b. Different school next year	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)
c. Don't know	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)

Please write the name and address of the school (if known) if you expect this child will attend a different school next year.

Name of new school: _____

School address: _____

A51. We want to know what you think about special education for young children. In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. *(Be assured that your answers will be confidential.)*

Instructions for Section B of this Questionnaire:

- Section B of the questionnaire is to be completed **only** for children with IEPs or 504 plans. Does this child have an IEP or 504 plan?
 - YES, this child **DOES** have an IEP or 504 plan. Please continue with next question.
 - NO, this child does **NOT** have an IEP or 504 plan. Please go to page 37 of this questionnaire.
- Section B is to be completed by the teacher or specialist most familiar with the child's special education and related services. Can you describe this child's special services?
 - YES. Please continue with Section B on the next page.
 - NO. Please remove Section B and give it to the person who you feel could best answer questions about this child's special education or related services. Please provide this person's name and phone number below. When this person completes Section B, please have him or her return it directly to Westat using the self-mailer.

Name: _____

Phone: () _____

*Thank you for completing
this questionnaire.*

Date Completed: ____/____/____
mm dd yy

Please provide your name and contact information below,
so that we can reach you if we have questions.

Your Name: _____

School/Program Name: _____

Address: _____

Phone: () _____

Email: _____

Please continue to the back cover.

Thank you for completing this questionnaire.

Please return this questionnaire
in the postage-paid envelope to:

Pre-Elementary Education Longitudinal Study
Westat
1650 Research Blvd.
Rockville, MD 20850



thank you!



U.S. Office of Special
Education Programs

WESTAT

14092.0204.30281

*"because all children should count...
read, learn, grow, and have friends..."*



Section B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES



Kindergarten Teacher
Questionnaire

Dear Education Professional:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about this child’s special education and related services. Because of this, your participation is vitally important.

Please complete Section B of this questionnaire and return it in the self-mailer within 3 weeks. To use the self-mailer, simply fold the questionnaire in half, affix the seal to secure it, and drop it in your mailbox. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school.

In completing this questionnaire, you may need to refer to the child’s most recent Individualized Education Program (IEP). If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to questions@peels.org, or visit the PEELS web site at www.peels.org.

Thank you in advance for your contribution to this very important study.

Sincerely,



Elaine Carlson
Project Director, PEELS

Call the PEELS
toll-free hot line:
1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0656. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** US Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Special Education Programs, US Department of Education, Switzer Building, Room 4622, 330 C Street, SW, Washington, D.C. 20202-4651.

Section B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

REMINDER: “This child” refers to the child whose name appears on the label.

- B1.** What are this child’s disabilities?
PLEASE ✓ CHECK ALL THAT APPLY IN COLUMN A.
PLEASE ✓ CHECK ONE PRIMARY DISABILITY IN COLUMN B.

	A All disability categories applicable to this child Check all that apply	B This child’s primary disability category Check one
a. Autism	01 <input type="radio"/>	01 <input type="radio"/>
b. Deaf/blindness	02 <input type="radio"/>	02 <input type="radio"/>
c. Deafness	03 <input type="radio"/>	03 <input type="radio"/>
d. Developmental delay	04 <input type="radio"/>	04 <input type="radio"/>
e. Emotional disturbance/behavior disorder	05 <input type="radio"/>	05 <input type="radio"/>
f. Hearing impairment	06 <input type="radio"/>	06 <input type="radio"/>
g. Learning disability	07 <input type="radio"/>	07 <input type="radio"/>
h. Mild mental retardation	08 <input type="radio"/>	08 <input type="radio"/>
i. Moderate/severe mental retardation	09 <input type="radio"/>	09 <input type="radio"/>
j. Multiple disabilities	10 <input type="radio"/>	10 <input type="radio"/>
k. Orthopedic impairment	11 <input type="radio"/>	11 <input type="radio"/>
l. Other health impairment	12 <input type="radio"/>	12 <input type="radio"/>
m. Speech or language impairment	13 <input type="radio"/>	13 <input type="radio"/>
n. Traumatic brain injury	14 <input type="radio"/>	14 <input type="radio"/>
o. Visual impairment/blindness	15 <input type="radio"/>	15 <input type="radio"/>
p. Other (Specify: _____)	16 <input type="radio"/>	16 <input type="radio"/>
q. Not sure	98 <input type="radio"/>	98 <input type="radio"/>

B2. Does this child use any medical devices that require school staff attention during any part of the school day? (Medical devices could include suctioning equipment, oxygen, catheters, etc. Do not include nonmedical devices such as communication devices, electronic equipment, etc.) PLEASE ✓CHECK ONE.

- 1 ☐ Yes
2 ☐ No

B3. For this school year, what are the most important IEP goals for this child?
PLEASE ✓CHECK UP TO THREE.

- 01 ☐ a. Not applicable—the child does not have an IEP. ➔ Go to Question B6
02 ☐ b. Improve overall school readiness
03 ☐ c. Improve academic performance in a specific area: _____
04 ☐ d. Improve social skills
05 ☐ e. Improve appropriateness of general behavior
06 ☐ f. Improve adaptive behavior or self-help skills
07 ☐ g. Improve speech/communication skills
08 ☐ h. Improve fine motor skills
09 ☐ i. Improve gross motor skills
10 ☐ j. Other (Specify: _____)
98 ☐ k. Don't know

B4. Which of the following best describes the amount of progress this child has made in this school year with regard to the goals specified in the IEP? PLEASE ✓CHECK ONE.

This child has made:

- 1 ☐ Much more progress than expected
2 ☐ More progress than expected
3 ☐ As much progress as expected
4 ☐ Less progress than expected
5 ☐ Much less progress than expected
8 ☐ Don't know

B5. Were any of the following services provided to this child through the school system during the current school year? (Include services the school contracted from other agencies.) PLEASE ✓CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Adaptive physical education	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Assistive technology services/devices	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Audiology	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Augmentative or alternative communication system	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Behavior management program	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. Health services (e.g., administering of medication, oxygen, tracheostomy care, tube feeding, catheterization)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Instruction in American Sign Language	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Instruction in Manual English or Cued Speech	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Instruction in Braille	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Learning strategies/study skills assistance by a special educator	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Mental health services, personal/group counseling, therapy, or psychiatric care provided to this child	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
l. Occupational therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
m. One-to-one para-educator/assistant (e.g., teacher aide, nurse's aide, full-inclusion assistant, behavioral assistant)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
n. Physical therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
o. Reader or interpreter	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
p. Service coordination/case management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
q. Social work services	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
r. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
s. Specialized computer software or hardware	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
t. Speech or language therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
u. Training, counseling, and other supports/ services provided to this child's family	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
v. Tutoring/remediation by a special education teacher	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
w. Vision services	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
x. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

B6. Which of the following are provided to this child as part of his/her IEP or 504 plan?
PLEASE ✓CHECK ALL THAT APPLY.

Accommodations/modifications

- 01 ☐ a. Modified grading standards
- 02 ☐ b. Slower-paced instruction
- 03 ☐ c. Additional time to complete assignments
- 04 ☐ d. Modified assignments
- 05 ☐ e. Physical adaptations (e.g., preferential seating, special desks)

Learning aids

- 06 ☐ f. Books on tape
 - 07 ☐ g. Communication aids (e.g., Touch Talker, manual printing board)
 - 08 ☐ h. Use of spell checker
 - 09 ☐ i. Computer software designed for children with disabilities
 - 10 ☐ j. Computer hardware adapted for child's unique needs (e.g., alternative keyboards, switch interface)
 - 11 ☐ k. Other (Specify: _____)
- 95 ☐ No accommodations/modifications or learning aids provided (NOT ANY of items a. through k., above)

- IF YOU COMPLETED SECTION A, please go to back cover.
- IF SOMEONE ELSE COMPLETED SECTION A, please continue with B7.

B7. In what capacity (or capacities) are you involved with this child?
PLEASE ✓CHECK ALL THAT APPLY.

- 01 ☐ a. Provide instruction directly to this child
- 02 ☐ b. Provide related services directly to this child
- 03 ☐ c. Provide consultation services to child's teacher(s)
- 04 ☐ d. Provide case management (e.g., program monitoring) for this child
- 05 ☐ e. Program administrator or supervisor
- 06 ☐ f. Supervise instructional assistant or paraeducator assigned to work with this child
- 07 ☐ g. Other (Specify: _____)

B8. We want to know what you think about special education for young children.
In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. *(Be assured that your answers will be confidential.)*

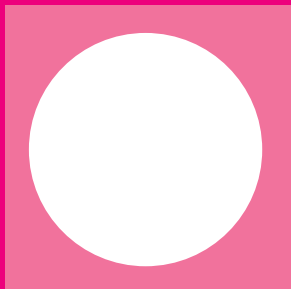
Thank you for completing
this questionnaire.

Date Completed: ____/____/____ mm dd yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name: _____	
School/Program Name: _____	
Address: _____	
Phone: () _____	
Email: _____	

Please continue to the back cover.

Thank you for completing
this questionnaire.

When you have completed this portion of the
questionnaire, please seal it with the label
below and place it in your local mailbox.



thank you!



U.S. Office of Special
Education Programs

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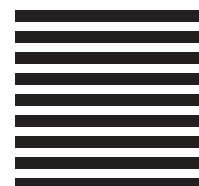
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"because *all* children should *count*...
read, learn, grow, and have friends..."

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